POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney 37 CFR 3.73(b).	given in the applic	cation identified in	the attached state	ment under
I hereby appoint:				
X Practitioners associated with the Customer Number:	247	737		
□ OR				
Practitioner(s) named below (if more than ten patent	practitioners are to be	named, then a custor	ner number must be us	ed):
Name	Registration	Nar	me	Registration
	Number 45			Number
				
as attorney(s) or agent(s) to represent the undersigned befor	re the United States P	atent and Trademade	Office (HCDTO)	
any and all patent applications assigned only to the undersign attached to this form in accordance with 37 CFR 3.73(b).	gned according to the	USPTO assignment re	ecords or assignment d	nection with ocuments
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Assignee Name and Address:				
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A copy of this form, together with a statement und	er 37 CFR 3.73(b) (Form PTO/SB/96	or equivalent) is rec	uired to be
filed in each application in which this form is used the practitioners appointed in this form if the appo	. The statement ${\bf m}$	ndar 37 CFD 3 73/1	h) may be complete	d b a a a
and must identify the application in which this Pov	ver of Attorney is t	o be filed.	t on behalf of the a	ssignee,
SIGNAT The dividual whose signature and title i	URE of Assignee of F s supplied below is au	Record thorized to act on bel	nalf of the assignee	
	un		te 14 Januar	y 2005
Name Michael E. Marion				- 33-9637
Title Authorized Representat	ive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/528945 JC14 Rec'd PCT/PTO 23 MAR 2005

PTO/SB/96 (08-03)

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STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Koninklijke Philips Electronics N.V. Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently Entitled: METHODS AND DEVICES FOR DEFECT AND REALLOCATION MANAGEMENT ON WRITE-ONCE MEDIA Koninklijke Philips Electronics N.V. corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. It the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame ____, or for which a copy thereof is attached. OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown helow: · To: -The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame ____ ____, or for which a copy thereof is attached. The document was recorded in the United States Patent and Trademark Office at Reel ____, Frame _, or for which a copy thereof is attached. 3. From: To: The document was recorded in the United States Patent and Trademark Office at _____, Frame _____, or for which a copy thereof is attached. [] Additional documents in the chain of title are listed on a supplemental sheet. [] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.081 The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Edward W. Goodman, Reg. 28,613 Date (914) 333-9611 Telephone number Signature Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHBE020030 US

As a below named inventor, I he	ereby declare that:		
My residence, post office address and citizenship are as stated next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Methods and devices for defect and reallocation management on write-once media" the specification of which (check only one item below):			
is attached hereto.			
☐ was filed as United States a	pplication		
Serial No			
on			
and was amended			
on			
was filed as PCT international application			
Number <u>PCT/IB2003/004</u>	240		
on 29 September 2	003		
and was amended under PCT Article 19			
on		·	(if applicable).
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.			
I acknowledge the duty to discle Title 37, Code of Federal Regul	ose information which is mate lations, § 1.56(a).	erial to the examination of this applica	tion in accordance with
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:			
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079068.9	27 September 2002	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHBE020030 US		
		Y: As a named inventor, I hereby appoin			secute this application and transact	
all bus	iness in the Patent a	and Trademark Office connected therewi	th. (List name and registration n	umber)		
	ack E. Haken, Reg. No. 26,902 Direct Telephone Calls to:					
Michael E. Marion, Reg. No. 32, 266		(name and telephone number) (914)332-0222				
Edward M. Blocker, Reg. No. 30,245			(914)332-02	22		
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	HAMELINCK	Dirk			
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP	
		Eindhoven	The Netherlands		Belgium	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	IJTSMA	Pope			
202	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Eindhoven	The Netherlands	.	The Netherlands	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
ADDRESS		Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE 22 April 2004	DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHBE020030 US

	·			
As a below named inventor, I hereby declare that:				
My residence, post office address and citizenship are as stated next to my name.				
plural names are listed below) of entitled: "Methods and dev	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Methods and devices for defect and reallocation management on write-once media" the specification of which (check only one item below):			
is attached hereto.				
☐ was filed as United States ap	oplication			
Serial No				
on				
and was amended				
on				
was filed as PCT international application Number PCT/IB2003/004240 29 September 2003 on				
and was amended under PCT A	Article 19		(if applicable).	
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent				
or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:				
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119):	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
Europe	02079068.9	27 September 2002	YES	
		DEDARTMENT OF COMMERCE Date	Trademarks Office	

(includ	tes Reference to PC	CT International Applications)	Power of Attorney (Continued)	Attorneys Docket Number PHBE020030 US
POW all bus	ER OF ATTORNE siness in the Patent	EY: As a named inventor, I hereby ap and Trademark Office connected the	opoint the following attorney(s) and/or agreement. (List name and registration numb	gent(s) to prosecute this application and transact per)
Mich	E. Haken, Reg. Nael E. Marion, Re ard M. Blocker, R	g. No. 32, 266	(n.	rect Telephone Calls to: ame and telephone number) 114)332-0222
	FULL NAME OF INVENTOR	FAMILY NAME HAMELINCK	FIRST GIVEN NAME Dirk	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTR The Netherlands	Belgium
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME IJTSMA	FIRST GIVEN NAME Pope	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTR The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE	DATE 26 April 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)